

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT/

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.				
	1	1	2	2	3	3		5	5	6	6	7	7			
1								51								
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47								97								
48								98								
49								99								
50								100								
TOTAL IND.								↓								
TOTAL DEP.								↓								
TOTAL CLAIMS								13								